

**Saint Margaret Mercy North Campus**  
**North Campus**  
**5454 Hohman Avenue**  
**Hammond Ave., IN 46320**  
**219-932-2300 or 708-891-9305**

**Date:** Wednesday, May 24, 2006  
**Patient:** VIKARAM BUDDHI  
**Doctor:** John DeSalvo D.O.

**IMPORTANT:** Please take these instruction sheets with you when you follow up with your primary physician or the physician to which you were referred.

The following **Diagnosis(es)** have been made:

Strain - cervical 847.0

The following instruction(s) should be read carefully:

**Strains**

A strain refers to injury of the muscle fibers. This may be a minor "pulled" muscle that most of us get after doing more than we are used to. Or the injury may be much more serious, involving extensive tearing of a muscle.

Resting the injured area is the most important part of treatment of strains. Elevation and ice for the first 2-3 days is often very helpful also. How long you need to stay at rest depends on the severity of the injury and what your work is. For minor strains, you may be able to continue your normal duties. A good rule of thumb is to not do whatever causes much pain.

Anti-inflammatory medication is often used for muscle strains. If this was advised or prescribed for you, take them regularly until you are well. They are not as effective if taken just when you feel you need them. Pain medications are often prescribed also for more major strains.

It is important to carefully and gradually resume activities as comfort allows. If you start having increased pain, it may be because of trying to get back to normal too soon. On the other hand, you probably should not wait until the last twinge of discomfort is gone before starting to get active again. Use good judgement to find the right balance.

**NOTIFY YOUR DOCTOR** right away or return to the Emergency Department immediately in case of the following:

- The injured extremity becomes numb, tingly, cold, blue, pale, or weak.
- Increasing swelling.
- Pain is increasing or not improving.
- Any difficulty in moving the fingers or toes.

The following note(s) should be read carefully:

Follow up with the doctor that you were referred to within 1-2 days. When you call to make your

**Emergency Department**  
**DISCHARGE INSTRUCTIONS**

DEFENSE EXHIBIT L

FORM # 10108

ADDRESSOGRAPH

**BUDDHI, VIKARAM**

ACCT#: 0048701057  
 HAEDE ADM DT: 05/24/2006  
 DOB: 05/10/1970 SEX: M  
 MRN: 0015067351

DR: ER, PHYSICIAN  
 REL:

PORTE

2194653820

11/13/2007 13:55

VIKARAM BUDDHI

Saint Margaret Mercy North Campus

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appointment, please let the doctors office know that you were seen in the Emergency Department today and that your condition requires early follow-up care. Return to the Emergency Department if your condition worsens before your scheduled appointment with the doctor.

Call Dr. Jeannie Rhodes DO ((219) 933-2281) at 5530 hohman avenue, Hammond today or as soon as possible. Please call in the morning. Let the office know that you were seen at Saint Margaret Mercy North Campus (219-932-2300 or 708-891-9305) and that you were told to call the office to arrange a follow-up visit within 1-2 days.

TAKE OTC MOTRIN FOR PAIN AS NEEDED.

RETURN TO ER IF CONDITION WORSENS.

I understand that the treatment I have received was given on an emergency basis only. I understand that further treatment may be necessary. I have been given a copy of the above instructions. I understand these instructions and I will arrange for follow-up care as outlined above. If my condition worsens, I will call my doctor or return to the hospital. Emergency Department phone number: 219-932-2300 or 708-891-9305.

Signed: \_\_\_\_\_ (\_\_\_\_\_) Relation to Patient

FORM # 10100

ADDRESSOGRAPH

Emergency Department

# DISCHARGE INSTRUCTIONS



Sisters of St. Francis Health Services  
SAINT MARGARET MERCY

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PORTER COUNTY JAIL

BUDDHI,VIKARAM

ACCT#: D048701067

HAED: ADM DT: 05/24/2008

DOB: 05/10/1970 SEX: M

MRN: 0015067351

DR: ER, PHYSICIAN  
REL:



2194653820

11/13/2007 13:55

## Medical Progress Note

Date: 6-8-06

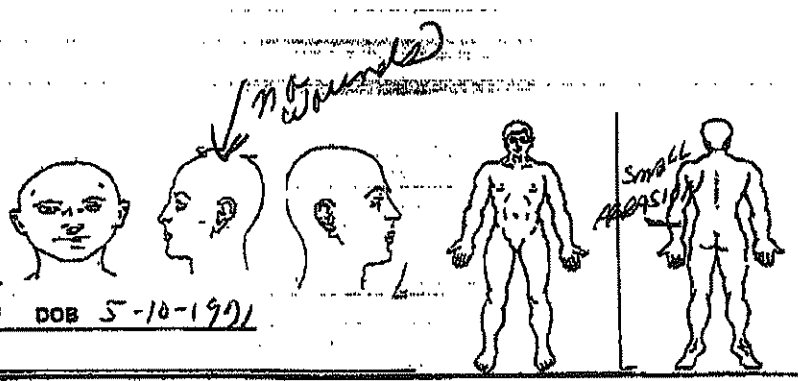
Time:

Patient Name: VIKRAN S. BUNDHI DOB: 5-10-1991

Allergies:

Subjective Complaint: Pulled from Top-Bunk to floor Duration:

Symptoms: (L) forearm, small abrasion and bruise



OBJECTIVE:	Normal	Finding: BP	Pulse	Resp	Temp	Wt.
		Labs		X-rays		
Eye	✓					
Head, Ears, Nose, Throat	✓	Hit (L) side of head, no wounds/cuts.				
Lungs/Chest	✓					
Heart	✓					
Abdomen	✓					
Genito-Urinary	✓					
Musculoskeletal	✓	(L) forearm bruised (R) small abrasion				
Skin	✓					
Neuro	✓					
Other	✓					

Assessment: Inmate states pulled off top bunk of bed. (L) forearm small abrasion and bruise. No other wounds anywhere on body. Able to do R.M. and daily activities. P. Locks

Monitor for any future problems with arm or possible head injuries.

Follow-up: Let medical know if any problems start.

Patient education: Keep arm on (L) arm sling.

Cheryl J. Locks

Nurse Signature

Physician Signature

DEFENSE EXHIBIT M

6-21-06  
Medical Progress Note

Date:

Time:

Patient Name

Buddhi, Vikram DOB

Allergies:

Subjective Complaints

Duration:

Symptoms:

7 days - joint alteration - Elbow injured  
No pain in Elbow

OBJECTIVE:	Normal	Findings:BP	Pulse	Resp	Temp	Wt.
		Labs		X-rays		
Eye						
Head, Ears, Nose, Throat						
Lungs/Chest						
Heart						
Abdomen						
Genito-Urinary						
Musculoskeletal						
Skin						
Neuro						
Other						
Assessment						

minor abrasion Elbow. No other  
tenderness

Normal Elbow ROM. Extends fully

Supinates + pronates, usually

Elbow. Radial head non-tender.  
Elbow sprain to no suspicion of fracture

Plan:

Therapeutic 600 mg B/D pain x 10.

Follow up as needed.

Follow-up:

Patient education:

Nurse Signature

Physician Signature

6/21/06



PROBLEM ORIENTED PROGRESS NOTES

Name	Buddi, Vikram	Hosp. No.	Room	Doctor
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Date	Time	Problem Number	FORMAT: Problem Number and TITLE: S = Subjective O = Objective A = Assessment P = Plan
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10/25/07 1230 Called to X pod for inmate w/ unknown injury. Upon arrival found inmate sitting down AtoX3, stood up ambulatory w/ 1 1/2 inch laceration posterior head. Cleaned wound / etc. pack given inmate, requested tenix.

A) AtoX3, Ambulatory, Perla, No Numb def.

BP 10/20  
R 20  
D 102  
02 49%

Refused to EMD down if EMT-B - Downgraded

10/25/07 1230 Already shuttling 10:29-07 to address the medical issue. Tetanus shot ordered for above injury.

10/31/07 C/O sharp PAIN DURING URINATION & 4000  
BP 10/80 @ Reports rising pain to bilateral sides  
D 98 S: below ribcage & pain @ tip of penis  
D 98 during urination, onset & 4000 off to

T 98 or reports dry skin all over (+ pruritus) (+ pruritus)  
W 148 or: AtoX3 Approp HENT Generated per 3 + 100th.

Cr: 5152 mg  
has GUA ever Onlab.

Abd. Bxxt (- tenderness, (- thick pain

A: (1) Dantrolene  
(2) Dysonia

P: - Up to 2500 BMD & 5 Days  
- Dantrolene

1230 placed in Nurses Bin

MCC CHICAGO, ILLINOIS  
institutionDate/Time: November 26, 2007 / 5:45 p.m.

TO : Special Housing Unit Officer

FROM : J. Ewell, Lieutenant, (Name/Title)SUBJECT : Placement of Buddhi, Vikram Reg. No. 08742-027, in Administrative Detention

- \_\_\_\_\_ (a) Is pending a hearing for a violation of Bureau regulations;
- \_\_\_\_\_ (b) Is pending investigation of a violation of Bureau regulations;
- \_\_\_\_\_ (c) Is pending investigation or trial for a criminal act;
- \_\_\_\_\_ (d) Is to be admitted to Administrative Detention
- \_\_\_\_\_ (1) Since the inmate has requested admission for protection;

I hereby request placement in Administrative Detention for my own protection.

Inmate Signature/Register No.: \_\_\_\_\_

Staff Witness Printed Name Signature: \_\_\_\_\_

- \_\_\_\_\_ (2) Since a serious threat exists to individual's safety as perceived by staff, although person has not requested admission; referral of the necessary information will be forwarded to the UDC/DHO for appropriate hearing.
- \_\_\_\_\_ (e) Is pending transfer or is in holdover status during transfer.
- xx (f) Is pending classification or pending investigation/Placed in Disciplinary Segregation.
- \_\_\_\_\_ (g) Is terminating confinement in Disciplinary Segregation and has been ordered into Administrative Detention by the Warden's designee.

It is this officer's decision based on all the circumstances that the above named inmate's continued presence in the general population poses a serious threat to life, property, self, staff, other inmates, or to the security or orderly running of the institution because\*

YOU ARE BEING PLACED IN ADMINISTRATIVE DETENTION DUE TO BEING A VICTIM OF AN ASSAULT. YOU WILL BE ADVISED OF ANY CHANGES IN YOUR STATUS.

Therefore, the above named inmate is to be placed in Administrative Detention until further notice. The inmate received a copy of this Order on (date / time) November 26, 2007 / 7:29 p.m.

Staff Witness Signature/Printed Name: [Signature] Date November 26, 2007

\*In the case of Discretion, reference to this Order is sufficient. The officer will make an independent review and decision, which is documented here

Record Copy - Inmate Concerned (not necessary if placement is a result of holdover status); Copy - Captain; Copy - Unit Manager; Copy - Operation Supervisor - Administrative Detention Unit; Copy - Central File

(This form may be replicated via WP)

Replaces BP-308(52)+